LAKELAND HEALTH CARE CENTER

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ELKHORN	53121	Phone: (262) 741-36	600	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation	on: 365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/05):	123	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/05):	235	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	./05:	118	Average Daily Census:	123

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	%			
Primary Diagnosis	8	Age Groups 	*	 Less Than 1 Year 1 - 4 Years	9.3 35.6
Developmental Disabilities	1.7	Under 65	11.0	More Than 4 Years	55.1
Mental Illness (Org./Psy)	26.3	65 - 74	13.6	İ	
Mental Illness (Other)	1.7	75 – 84	16.9	İ	100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	48.3		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.2	Full-Time Equivalent	
Cancer	1.7	İ		Nursing Staff per 100 Resid	lents
Fractures	0.0	İ	100.0	(12/31/05)	
Cardiovascular	14.4	65 & Over	89.0		
Cerebrovascular	9.3			RNs	15.2
Diabetes	3.4	Gender	%	LPNs	10.1
Respiratory	0.8			Nursing Assistants,	
Other Medical Conditions	40.7	Male	18.6	Aides, & Orderlies	57.1
		Female	81.4	İ	
	100.0	İ		j	
		İ	100.0	İ	

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		1	Private Pay	!		amily Care			anaged Care	Į.		
Level of Care	No.	96	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	17	16.7	177	0	0.0	0	1	6.7	215	0	0.0	0	0	0.0	0	18	15.3
Skilled Care	1	100.0	310	83	81.4	177	0	0.0	0	11	73.3	187	0	0.0	0	0	0.0	0	95	80.5
Intermediate				2	2.0	177	0	0.0	0	3	20.0	165	0	0.0	0	0	0.0	0	5	4.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		102	100.0		0	0.0		15	100.0		0	0.0		0	0.0		118	100.0

LAKELAND HEALTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	15.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.8		50.0	49.2	118
Other Nursing Homes	15.4	Dressing	6.8		58.5	34.7	118
Acute Care Hospitals	30.8	Transferring	22.0		39.0	39.0	118
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.9		44.1	39.0	118
Rehabilitation Hospitals	0.0	Eating	31.4		46.6	22.0	118
Other Locations	0.0	******	******	*****	* * * * * * * * * * * * * * * * * *	******	*****
Total Number of Admissions	13	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	9.3	Receiving Resp	iratory Care	12.7
Private Home/No Home Health	0.0	Occ/Freg. Incontiner	nt of Bladder	68.6	Receiving Trac	heostomy Care	0.8
Private Home/With Home Health	0.0	Occ/Freg. Incontiner	nt of Bowel	43.2	Receiving Suct	ioning	0.0
Other Nursing Homes	2.4	_			Receiving Osto	my Care	6.8
Acute Care Hospitals	0.0	Mobility			Receiving Tube	-	7.6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.8		anically Altered Diets	44.1
Rehabilitation Hospitals	0.0				3		
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	95.2	With Pressure Sores		3.4	Have Advance D	irectives	99.2
Total Number of Discharges		With Rashes		5.1	Medications		
(Including Deaths)	42			3.1	Receiving Psyc	hoadtive Drugs	58.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

***************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Gov	ernment	2	00+	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	52.3	85.3	0.61	86.6	0.60	88.3	0.59	88.1	0.59
Current Residents from In-County	78.0	56.6	1.38	19.3	4.05	70.5	1.11	77.6	1.01
Admissions from In-County, Still Residing	76.9	29.1	2.64	14.0	5.48	20.5	3.76	18.1	4.24
Admissions/Average Daily Census	10.6	66.2	0.16	19.8	0.53	123.5	0.09	162.3	0.07
Discharges/Average Daily Census	34.1	66.9	0.51	23.9	1.43	126.7	0.27	165.1	0.21
Discharges To Private Residence/Average Daily Census	0.0	21.0	0.00	1.2	0.00	50.1	0.00	74.8	0.00
Residents Receiving Skilled Care	95.8	88.8	1.08	77.4	1.24	94.1	1.02	92.1	1.04
Residents Aged 65 and Older	89.0	87.7	1.02	89.4	1.00	92.5	0.96	88.4	1.01
Title 19 (Medicaid) Funded Residents	86.4	77.3	1.12	85.0	1.02	70.2	1.23	65.3	1.32
Private Pay Funded Residents	12.7	16.6	0.76	14.9	0.85	19.0	0.67	20.2	0.63
Developmentally Disabled Residents	1.7	0.5	3.27	0.2	7.04	0.5	3.53	5.0	0.34
Mentally Ill Residents	28.0	47.5	0.59	40.3	0.69	37.2	0.75	32.9	0.85
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General Medical Service Residents	40.7	18.8	2.17	21.3	1.91	23.8	1.71	22.8	1.79
Impaired ADL (Mean)	60.8	43.6	1.40	35.2	1.73	47.2	1.29	49.2	1.24
Psychological Problems	58.5	67.7	0.86	65.0	0.90	58.9	0.99	58.5	1.00
Nursing Care Required (Mean)	10.1	8.2	1.23	8.6	1.17	7.1	1.41	7.4	1.36